

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038295

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2815

FILED SEP 25 1963

VS 300
Rev. 4/59

1 4007

2 214

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4 0

5 1

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9 4200

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12 40-1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>- - -</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Webster Groves</u>		c. CITY OR TOWN <u>St. Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Glenwood Hospital</u> <u>1300 Grant Rd. Webster Groves</u>		d. STREET ADDRESS <u>6053 Tholozan</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Vincenzo</u> Middle <u>(n.m.i.)</u> Last <u>Grassagliata</u>		4. DATE OF DEATH Month <u>9</u> - Day <u>9</u> - Year <u>63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-12-83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Window Washer (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Famous-Barr Co.</u>	11. BIRTHPLACE (City and state or country) <u>Sicily, Italy</u>
13a. FATHER'S NAME <u>Paul Grassagliata</u>		13b. MOTHER'S MAIDEN NAME <u>Catherina Baldi</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Mrs. Anthony Goeke 5800 Anawood Drive</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary embolism</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>generalized arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4-20-0</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. Month, Day, Year <u>1-4-63</u>		20f. CITY, TOWN, OR LOCATION <u>ST LOUIS</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>1-4-63</u> to <u>9-9-63</u> and last saw him alive on <u>9-6-63</u> Death occurred at <u>10:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>1300 Grant Rd. St. Louis 19. Mo.</u>	
22a. SIGNATURE <u>H. J. Hoffmeister</u> (Degree or title)		22c. DATE SIGNED <u>9-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23d. LOCATION (City, town, or country) (State) <u>ST LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>HOFFMEISTER COLONIAL MORTUARY</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>			

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Rich C. Pearson*

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.